TIS/CIR/55/24-25 **CIRCULAR FOR APAAR** 24 October 2024

Classes: VI to XII

Dear Parents

As per the directions of Ministry of Education via circular No. DE.23(399)/Sch.Br./2023/869, an APAAR ID i.e.Automated Permanent Academic Account Register will be created for students of all classes to help them digitally store, manage, and access all their academic credits, mark sheets, degrees, diplomas, certificates & co-curricular accomplishments.

In this regard, we have shared a detailed circular sent by Ministry of Education, on your ward's school email id. We request you to kindly submit your consent for creation of APAAR ID by signing the attached form, giving permission to share your and your ward's Aadhaar number and other relevant information with Ministry of Education.

Kindly submit the consent letter to the Teacher Meeting.	class teacher of your wa	rd on Saturday, 26 October	er 2024 during the Parent
Warm regards			
MALLIKA PREMAN PRINCIPAL			
TIS/CIR/55/24-25 CONSENT BY FATHER/MO	CIRCULAR FOR	APAAR F STUDENT FOR APAAR ID (
I	s/o or d/o	R/O	acting in
I, the capacity of father / mother / guar consent to share his/her Aadhaar Numb	rdian of	of class	voluntarily give my
Ministry of Education for the sole purpose the following intents and purposes. I understand that my ward's APAAR ID Education from time-to-time for education information (Name, Address, Age, Date various educational activities such as stakeholders like Educational Institutions	may be used and shared onal and related activities. of Birth, Gender and Phots UDISE+ database, scheand recruitment agencies.	for limited purposes as may Further I am also aware th ograph) may be made avail olarships, maintenance of	y be notified by Ministry of at my personal identifiable able to entities engaged in academic records, other
I authorise the Ministry of Education to use per provision of the Aadhaar (Targete the aforesaid purpose. I understand the Education upon successful authentication	ed Delivery of Financial and at UIDAI will share my e- I	Other Subsidies, Benefits, a	and Services) Act, 2016 for
I understand that the information share except as may be required by law. I und by and on withdrawal of my consent, already processed shall remain unaffected	lerstand that I can withdray the processing of my shar	v my consent for all or any c red information will stop, ho	of the purposes at any time
Date of Physical Consent:	Place of Phy	/sical Consent:	
Name of the parent/ legal guardian	Signature of	the parent/ legal guardian:	S